



CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM



To be completed by director or owner only. Please keep a completed copy for your records and mail to T.E.A.C.H. MISSOURI, 1000 Executive Parkway Dr., Ste 103, St. Louis, MO 63141 OR fax to: 866-697-8168

Business Name (on license) _____ Date _____

Contact Person _____ Title _____ Mailing Address Same as location address

Location Address _____

City _____ ZIP+4 _____ County _____

Phone _____ Fax _____ Please call before faxing Billing Address (T.E.A.C.H. Sponsors only)

Website <http://www.>_____

Primary E-mail _____

REGULATION STATUS (Check only one.)

- Licensed **Circle One:** Center Group Home Family Child Care School Age Program Preschool
- License exempt/Inspected (Inspected and in compliance.) **Circle one:** Religious Organization Nursery School

DVN _____ Expiration date ____/____/_____

UNLICENSED LISTING INFO

- Exempt (Legally operating and not subject to regulation.)

Family Care Safety Registry # _____ Date ____/____/_____

STATE FUNDING SOURCES/SERVICES RECEIVED (Check only if currently receiving funds from state government agencies related to these projects/grants.)

- ARCHS LINC Head Start Early Head Start MO Accreditation MO Preschool Project

ACCREDITATION STATUS

- Working on accreditation Accredited (Circle all that apply - NAEYC MOA NAFCC COA CARF Other: _____)

OPERATING SCHEDULE

	Time Open	Time Close
Monday	_____ a.m.	_____ p.m.
Tuesday	_____ a.m.	_____ p.m.
Wednesday	_____ a.m.	_____ p.m.
Thursday	_____ a.m.	_____ p.m.
Friday	_____ a.m.	_____ p.m.
Saturday	_____ a.m.	_____ p.m.
Sunday	_____ a.m.	_____ p.m.

Are you flexible on these times? Yes No

Year Schedule

- Full year Summer only School year only

Basic Schedules

- Full time (30+ hrs/wk) Part time (under 30 hrs/wk)
- Part time for under 2 avail Sat avail Sun avail

Special Schedules

- Evening hours (After 6:30 p.m.)
- Overnight/24-hour care Open holidays
- Temp/Emergency Drop-in Hourly
- Half day a.m. program Half day p.m. program
- Before school care After school care
- Summer programs Parent day out programs

Are you willing to stay open in emergencies (if able) to care for children of first responders (fire fighters, etc.)? Yes No

Would you like more information about how to serve military families with children during a deployment? Yes No

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FEES & VACANCIES

Ages served (Ages you will care for, not the ages you currently have in care or have vacancies for): FROM _____ wks / mos / yrs TO _____ yrs

	Desired Enrollment	Number of Vacancies	Full Time Fee Per Week	Part Time Fee Per Day		Licensed Capacity that is indicated on your license
0 - 12 Months	_____	_____	\$ _____	\$ _____	Under 2 years	_____
13 - 24 Months	_____	_____	\$ _____	\$ _____	2 years & Over	_____
25 - 36 Months	_____	_____	\$ _____	\$ _____		Average Enrollment during the past year
37 Mos - 5 Yrs	_____	_____	\$ _____	\$ _____		_____
5 - 12 Years	_____	_____	\$ _____	\$ _____	Under 2 years	_____
Before/After School	_____	_____	\$ _____	\$ _____	2 years & over	_____
Summer	_____	_____	\$ _____	\$ _____		_____

Do you have a waiting list for any group? Yes No

OTHER FEES

Registration: \$ _____ Transportation : \$ _____ Supplies: \$ _____ Other: \$ _____ Describe _____

FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

MO subsidy accepted - # of MO subsidy children currently served: _____ Willing to discuss fees/adjust fees for some families

Military subsidy - # military children currently served _____ Other states' subsidy accepted (KS-SRS, IL, etc) Head Start

Multi-child discount Scholarships offered Sliding fee scale

AFFILIATIONS

Non-profit For profit National chain Religious Employer/Corporate sponsored Corporate on-site

United Way Public school College/University For employees only

Religious Affiliation: _____

If You are Affiliated with Head Start: Early Head Start Head Start Both

Head Start Program Grantee # _____ Head Start Partner Only

CURRICULUM USED

Creative Curriculum Project Construct Emerging Language & Literacy Curriculum (ELLC) Montessori Reggio

HighScope Abeka Religious (Please specify type and religion: _____) Other: _____

MEALS PROVIDED

Special diet options available (kosher, vegetarian, etc) Accommodates nursing mothers

Breakfast A.M. snack Lunch P.M. snack Dinner Family provides meals Family provides snacks

Participate in the Child and Adult Care Food Program (CACFP)? Yes No For more information visit www.fns.usda.gov/cnd/Care

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ENVIRONMENT

- Smoke free Air conditioned Pets interact with children Pets away from children No pets
- Outdoor play area Fenced yard

SPECIAL SERVICES/FEATURES

- Computers available for children Care for mildly sick Toilet learning Security System Videocam Monitoring
- Field trips Music instruction Gymnastics Language class Intergenerational Wheelchair accessible
- Other? _____

TRANSPORTATION

- To/from home To/from school Walking distance to school By school's bus to/from school Near public transportation

What school district(s) does your program serve? _____

What schools are near your program? _____

EXPERIENCE WITH SPECIAL NEEDS & INCLUSIVE SERVICES

Please check all that your child care and early learning program has experience with. Refer to the definitions page included in this mailing.

- Behavior Related: Behavior Disorder ADD/ADHD Autism Spectrum Disorders
- Developmental Disabilities: Developmental Delay Motor Delay Emotional Disorder Drug Exposure/Fetal Alcohol Syndrome
- Mental Disabilities Speech/Language Delay
- Medical/Genetic Disabilities: Cerebral Palsy Down Syndrome Genetic Disorder Vision Impaired/Blind
- Hearing Impaired/Deaf Spina Bifida Hydrocephalus & Shunt Knowledge
- Medical Issues: Food Allergies Asthma HIV Hepatitis B Other/Environmental Allergies
- Catheter Diabetes Injections Feeding/Gastrointestinal Tube
- Heart Monitors Seizure Disorder Breathing Monitors Breathing Treatments/Medications
- Tracheostomy/Traechotomy
- Special Education Services: Cognitive Therapy First Steps Developmental Therapy Early Childhood Special Education
- Occupational Therapy Physical Therapy Special Transportation Speech/Language Therapy
- Staff is familiar & comfortable with: Special Diet/Food Allergies Wheelchair/Crutches Sign Language
- Adaptive Equipment (special seating, communication devices, walkers, etc.)
- Safety/Medical Services offered: Medication administered Therapists welcome Liability Insurance On-site Nurse
- Other special needs experience/professional development/education: _____

I understand the Americans with Disabilities Act (ADA): Yes No Unsure *For more information visit www.ada.gov*

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STAFF &/OR FAMILY CHILD CARE INFORMATION

Family Child Care Business: Do you have additional paid staff/assistants? ___ No ___ Yes If yes, how many? _____

Center or Group Home: Number of staff members _____ Number of classrooms _____

Number of staff members who care for children full time _____ How many were also employed at your program 1 year ago? _____

Do any staff members speak any language(s) other than English (including Sign Language)? Yes No

If so, what language(s): _____

Is CPR/First Aid Certification required of any of these staff members? Yes No

STAFF EDUCATION

Number whose highest level of education is High school diploma/GED or new to the field _____

Number whose highest level of education is Child Development Associate (CDA) Credential or some college coursework _____

Number whose highest level of education is Associate Degree _____

Number whose highest level of education is Bachelor Degree _____

Number whose highest level of education is Masters/PhD Degree _____

Other staff qualifications of note? _____

(The following information will not be shared at the individual or program level and will be used anonymously for purposes such as advocacy.)

Approx. wage range	Directors:	Hourly Starting Wage \$ _____/hr	Salary range \$ _____/yr to \$ _____/yr
	Lead Teachers:	Hourly Starting Wage \$ _____/hr	Salary range \$ _____/yr to \$ _____/yr
	Asst Teachers:	Hourly Starting Wage \$ _____/hr	Salary range \$ _____/yr to \$ _____/yr

Child Care Aware[®] of Missouri reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or exclusion, of any provider. Program information may be shared with funders. Complaints about a program's services will be referred to the Department of Social Services and the Department of Health and Senior Services as deemed necessary.

I have read the above statement and understand Child Care Aware[®] of Missouri's listing policies.

Signature _____ **Date** _____

Please check if you wish to opt out of any of the described services:

_____ *I do not wish to have my child care service referred to parents.*

_____ *I do not wish to have my child care service listed on the Child Care Aware[®] of Missouri online database. I understand I can still be referred through telephone referrals and can have my information added to the online listing at any time if I choose.*